

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m.g		11/16/99
O.I.P.E. CLASSIFIER		5	11/17/99
FORMALITY REVIEW	j.m	64P30	127-2

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
51	10/1
52	10/2
53	10/3
54	10/4
55	10/5
56	10/6
57	10/7
58	10/8
59	10/9
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Claim	Date
Final	
Original	
111	10/10
112	10/11
113	10/12
114	10/13
115	10/14
116	10/15
117	10/16
118	10/17
119	10/18
120	10/19
121	10/20
122	10/21
123	10/22
124	10/23
125	10/24
126	10/25
127	10/26
128	10/27
129	10/28
130	10/29
131	10/30
132	10/31
133	11/1
134	11/2
135	11/3
136	11/4
137	11/5
138	11/6
139	11/7
140	11/8
141	11/9
142	11/10
143	11/11
144	11/12
145	11/13
146	11/14
147	11/15
148	11/16
149	11/17
150	11/18

If more than 150 claims or 10 actions  
staple additional sheet here

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